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APPLICANTS

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** CONTINUING DATA ******✓D*

** FOREIGN APPLICATIONS ******✓D*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 12	TOTAL CLAIMS 86	INDEPENDENT CLAIMS 19
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Robert M. Koehl</i> Examiner's Signature <i>✓D</i> Initials				

ADDRESS

23409

TITLE

Pump control system and method

FILING FEE RECEIVED 3464	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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